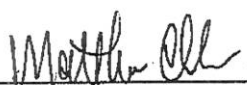


EXHIBIT

A

EEOC Form 5 (5/01)

CHARGE OF DISCRIMINATION <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC 440-2006-09973	
Illinois Department Of Human Rights and EEOC <small>State or local Agency, if any</small>			
Name (Indicate Mr., Ms., Mrs.) Mr. Matthew C. Charles		Home Phone (Incl. Area Code) (847) 903-3994	Date of Birth 08-14-1976
Street Address City, State and ZIP Code 7467 N Marshfield, Apt 3, Chicago, IL 60626			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name RUSH NORTSHORE MEDICAL CENTER		No. Employees, Members 500 or More	Phone No. (Include Area Code) (847) 677-9600
Street Address City, State and ZIP Code 9600 Gross Point Road, Skokie, IL 60076			
Name 		No. Employees, Members 	Phone No. (Include Area Code)
Street Address City, State and ZIP Code 			
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify below.)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 02-01-2003 02-24-2006 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)). <p>I was hired by Respondent on or about December 20, 1999. Since my hire date Respondent was aware of my disability. My most recent position was Food Service Worker. Beginning in or around 2003, a new Director was assigned to my department. Since that time I have been subjected to less favorable treatment than my non-disabled co-workers in that I have been repeatedly assigned heavier workloads, monitored more closely, required to work longer hours, and assigned to work alone on jobs that required more than one worker. I have complained about the different treatment to my supervisor repeatedly to no avail. I was subsequently discharged on or about February 24, 2006.</p> <p>I believe I have been discriminated against because of my disability and retaliated against because I complained about discrimination in violation of Title I of the Americans with Disabilities Act of 1990.</p>			
<div style="border: 2px solid black; padding: 5px; display: inline-block;"> EXHIBIT <div style="border-bottom: 1px solid black; width: 50px; margin: 0 auto;"></div> </div>		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED EEOC SEP 27 2006 CHICAGO DISTRICT OFC </div>	
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
Date Sep 27, 2006 Charging Party Signature 		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	